PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

104(3001

		CLAINS AS	(Column	ED - PART I			SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			4				Γ	RATE	FEE	ſ	RATE	FEE	
FOR			NUMBER FILED		NUMBE	ER EXTRA	Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			φ minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS) minus 3 = *		*			X42=		OR	X84=		
MUL	TIPLE DEPEN	RESENT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	Ļ	TOTAL		OR	TOTAL	717	
	CI	_AIMS AS A	MENDED - PART II			SMALL ENTITY			00	OTHER THAN SMALL ENTITY			
		(Column 1)		(Colum		(Column 3)	1 -	SMALLE		OR	SWALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	12 12	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	m 14	
AME	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X42=		OR	X84=		
	<u></u>		JUITPLE DEF	·	CLARVI	🖳	, [+140=		OR	+280=		
	\.	5					L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**		2		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAINA	=	-	X42=		OR	X84=		
Щ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PINDEINI	CLAIN		1	+140=		OR	+280=		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	,	(Column 1)		(Colun	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	11	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		┧┟						
* 1f	the entry in colu	mn 1 is less than t	he entry in colu	ımn 2. write	"0" in co	lumn 3.	L	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													